

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 018278**

1. Entity Name  
**DUNNELLON STATE BANK**



Principal Place of Business  
 11472 N. WILLIAMS STREET  
 DUNNELLON, FL 34432 US

Mailing Address  
 P.O. BOX 1189  
 DUNNELLON, FL 34430-1189 US



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-0551252** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

EMERSON, C JERRY  
 11472 N. WILLIAMS STREET  
 DUNNELLON, FL 34432

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	BRANNEN, GEORGE H II
STREET ADDRESS	PLEASANT GROVE RD
CITY-ST-ZIP	INVERNESS, FL 34451
TITLE	VC
NAME	BRANNEN, JOSEPH S
STREET ADDRESS	1822 KIMBERLY LANE
CITY-ST-ZIP	INVERNESS, FL 34451
TITLE	D
NAME	OSWALD, H WAYNE
STREET ADDRESS	P.O. BOX 1042
CITY-ST-ZIP	INVERNESS, FL 344511042
TITLE	D
NAME	BROWN, DUMAS JR
STREET ADDRESS	291 S. GARDENIA TERRACE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	PD
NAME	EMERSON, JERRY C
STREET ADDRESS	11475 E BLUE COVE DRIVE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	SVPC
NAME	ELLIS, BEN C JR
STREET ADDRESS	1071 W PRISCILLA PLACE
CITY-ST-ZIP	DUNNELLON, FL 34434

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 01/21/05-80001-002 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*C. Jerry Emerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**C. JERRY EMERSON, PRESIDENT**

**JANUARY 13, 2005 (352)489-2466**

Date

Daytime Phone #